

Attachment B

Statement of Interest – Statewide Long -Term Care Reform *Format for Response to Request for Information/Proposals* *Wisconsin Department of Health and Family Services*

Organization Name (s) (List all public and private entities represented by this statement of interest.):

For Profit: Medical Management Consultants LLC; Hilltop Manor CBRF; Pearl Street AFH.

Nonprofit: Warm A Heart, Ltd.

Cooperative Agreements with MMC: Ripon Medical Center; Ripon City Senior Center.

Contact Person and Contact Person's Organization (List name, address, telephone number, email and fax number.):

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Brief Description of Organization (Legal entity status, purpose, scope of enterprise):

Medical Management Consultants (MMC) is a Wisconsin registered LLC located in the city of Ripon. The purpose is to provide both health and wellness education and primary care to disabled adults and seniors, as well as their family members and/or caregivers. Education is conducted both in individual and group settings; with primary care in the AFH and CBRF both owned and operated by MMC.

MMC is also the corporate sponsor of Warm A Heart (WAH) - an IRS registered 501c(3) public charity (DLN# 305126057) and WI DFI registered nonstock corporation (W-044-791). WAH exists to provide to the rural population within portions of Fond du Lac, Green Lake, Dodge, and Winnebago Counties a broad array of service and informational programs enhancing the quality of life for seniors and handicapped adult. These services focus primarily on those who are income ineligible for existings services, or cannot afford them, and include an Adult Day Service; information, referral, and counseling services relating to health, housing, wellness education, and finances for our service area's senior citizens, handicapped adults, and family members.

The scope of the operation allows for intergration of programs within the ADS, AFH, and CRBF allowing for more effective use of monetary and other resources. The primary service area is the western portion of Fond du Lac county, and follows a similar coverage area as the Tier I Service Area of Ripon Medical Center. Clients within the MMC for profit entities come from within this area; with the nonprofit clients coming from within the other areas stated above.

This integration further allows for a total supported target population over 47,000 which includes the disabled adults, seniors, family members, and caregivers; over 10,500 above the age of 65; over 5000 with some form of disability; and over 38,000 ages 22 to 64.

Hilltop Manor CBRF is also the only facility within Ripon which cooperates with Ripon Medical Center for immediate placement of clients - depending on room availability - upon discharge and physician referral. The other facilities often do not do overnight or weekend admissions; and often do not admit clients whom do not meet their criteria, such as a client requiring two-person assist. Hilltop Manar provides this immediate admission to ensure continuity of care for immediate need; particularly while the client awaits the current process by the ADRC which averages 30 to 90 days for determination.

MMC also cooperates with the Ripon Senior Center to provide educational programs conducted by an Registered Nurse upon request. Additionally, discussion between the City and MMC is occuring for MMC to take over the operation of the Senior Center, and eventually fully intergrate those services into MMC.

Standards for Care and Education: All applicable Wisconsin Statutes, Policies, Standards and Guidance are followed. MMC also applies the standards and guidelines from the Assisted Living Federation of American, the Case Management Society of American, and the National Adult Day Services Association.

Additional information on all facilities, programs, and services will be provided upon request.

Interest in Planning and Implementation of Long-Term Care Reform in Wisconsin:

Mrs. Finch Brown has been involved in disabled adult and senior care in Wisconsin and Nationally for over two decades, in one capacity or other from direct patient care, to Case Management, to educational programs, to the present operation of care facilities. She has also, on occasion, advocated to Federal and State levels on various issues for these individuals.

With this background, and operation of the CBRF entering it's fifth year, experience with the ADRC office in Fund du Lac, along with the CMO, have lead to an interest in improving services for the disabled adult and seniors.

The procedures for support in instances of catastrophic care work reasonably well. It is the relationship between ADRC, the CMO and community-based programs such as those provided by MMC and WAH which do not work efficiently. The ADRC does not always provide to clients complete information or referral services on community-based programs, and primarily works with the CMO for applications for medical assistance. The choices provided are go on CMO programs or remain with traditional medical assistance.

The downside is no funding is provided outside of the CMO within Fond du Lac county for community-based programs. Medical assistance only pays for physician care, hospital and DME. Other counties within WI have various programs which do support community programs for education, transportation, and Adult Day services. Since this county has the CMO, funding of these programs is not available; and each of these programs are important to the holistic and continuity of care.

Ideally, a program of integrated managed LTC would provide maximum use of resources from entry into Adult Day Services through residency in Care Facilities. The current team approach does not work well, as it is often 30 to 90 days before approval or disapproval of eligibility is determined. This places those individuals or families requiring immediate support services in a situation where no systemic immediate help is available.

The approach of operating similar to an issuance company, and providing benefits and payments within legal guidelines of both Federal and State, would increase efficiency in care. The team approach would be applied in those instances where claims are denied. The current ADRC operation does not operate effectively with the delay in determination.

The concept above of managed care is the approach taken by MMC and the other entities cooperating in a holistic and interrelated approach to care of disabled adults and seniors. Active participation by MMC in the State's changes to LTC is offered.

Geographic Area of Interest (List counties within the potential planning and service area of the entity or consortium.):

As mentioned above, MMC operates primarily within the western portion of Fond du Lac county. With the cooperation of Warm A Heart, the service area is extended to include areas in an approximate 50 miles radius from Ripon. This area includes towns, villages, and cities within the eastern and southern portions of Green Lake County; the southern portion of Winnebago County, and the northern portion of Dodge county for the city of Waupun (which is indicated in the US Census 2000 as part of Fond du Lac County).

Population to be served as been described above. Specific towns, villages, and cities within the aforementioned counties is available upon request.

Proposed Scope and Nature of the Program (including target groups to be served, benefit package to be offered, and rationale for this proposal in terms of fiscal soundness and program effectiveness)

The proposed scope and nature of programs offered is the same as mentioned above. The current operation of the MMC AFH and CBRF will continue, along with the nonprofit ADS. Emphasis will continue on providing services to those with IMMEDIATE needs while waiting determination by the ADRC, or those who are not eligible for services. These services have historically always been available to any disabled adult or those with infirmities of aging (non-age specific).

Expansion of the health and wellness educational programs to include the State's targeted population of 22-64 would be added to the current operations. Presently, this area focuses on issues related to disabled adults ages 18 plus, and seniors age 65 plus.

The fiscal soundness and effectiveness of the expansion cannot be fully determined at the time this RFI is submitted. Reasons for this are as follows:

1. A Needs Assessment Survey has not been fully conducted to determine exact nature of disabilities, or need for LTC support of adults within the primary Service Area or the extended one. An initial one based on Census 2000 and the Supplemental Census 2000 was done which only reflects population percentages or totals; but level of support is the unknown.

Education programs are being conducted presently based upon known health and wellness issues from sources such as the Center for Disease Control and issues from this State. Population specific programs arising from a full Needs Assessment Survey may result in additional funding requirements.

2. There are presently issues surrounding instances where clients are residents of one county; however because of various issues are receiving support or services in another county. This has already occurred at Hilltop Manor CBRF: the client was a resident of Green Lake county, and because family resided in Ripon, was relocated from a Nursing Home in that county to Hilltop Manor during her final days to be closer to her family. Although already in the system, it took four months for Green Lake county to approve payment of the services being provided. This type of cross-county issue will impede expansion of LTC services within our targeted service area.

3. Rate for Services provided is another area impacting determination of effectiveness. The determination of payment for services by the county is determined within the specific county; and that rate for service may not be accepted by another county. Standard rates or a policy for acceptance of rate for service fees would be required to ensure fiscal soundness.

4. Transportation Funding and Assistance is critical to the small community-based provider. The Service Area is a Rural Area, and lack of transportation for disabled adults and seniors, either who live independently and receive support from programs, or are receiving services by an ADS, AFH, CBRF or other LTC facility impede effectiveness of these programs. This transportation issue also impacts on determination of fiscal soundness and effectiveness.

Other Comments or Information:

Additional comments are as follows:

1. State emphasis and funding for automation of forms used by providers is necessary to improve the efficiency of both the present and long term goals of LTC within this State. Standard State Forms, to include the Annual Update for Rate Determination, made available via a web-based application would improve responsiveness and implementation of changes within the region, county and local community-based programs. This is critical with the goal of more regional and cross-county programs.

2. Payment for services should begin from date of admission, not from date determination for services. Often services are provided to meet immediate needs, then determination is made, and

then payment begins - without reimbursement for services already rendered. This aspect blends with the managed care description above.

3. Funding for specific training/education of facility workers at the community-based facilities should be developed. This is not funding for such training as CPR; it is for training in math skill and literacy improvement. Some workers do not come with sufficient abilities to read standard instructions, nor calculate meal calorie total or when monitoring fluid intake/output. This often can result client care errors, and even if the employee is competent in other areas, these inabilities may mean termination of employment. State assisted funding in these two specific areas is an issue which will impact on all LTC program improvements.